

SERIAL NUMBER 09/019,419	FILING DATE 02/06/98	CLASS 604	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 97250
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APPLICANT

DAVID S. ZAMIEROWSKI, SHAWNEE MISSION, KS.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 04/17/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY KS	SHEETS DRAWING 7	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

LITMAN, MCMAHON & BROWN
1200 MAIN STREET
SUITE 1600
KANSAS CITY MO 64105

TITLE

MEDICAL PATIENT FLUID MANAGEMENT INTERFACE SYSTEM AND METHOD

FILING FEE RECEIVED \$1,184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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